



Maryland Department of Health
Prevention and Health Promotion Administration
Cancer and Chronic Disease Bureau
Office of Oral Health

**FY 2019 Oral Health Grants
Request for Applications (RFA)**

I. INTRODUCTION

The Maryland Department of Health (MDH)'s Office of Oral Health announces a request for applications (RFA) for oral health grants to support oral disease and injury prevention (Component 1) and school dental sealant programs (Component 2). Priority will be given to grants that support the following: 1) children's oral health care clinical programs; 2) off-site component dental programs; and 3) dental sealants in school-based, school-linked, or mobile settings. Award amounts will range from \$2,500 - \$150,000 based on proposed services and size of programs, with an award period of **July 1, 2018 - June 30, 2019**.

Please note that these awards are competitive and separate applications are required for each component.

II. BACKGROUND

Oral Health and Systemic Health

Oral diseases are not self-limiting, and they increase in severity with time. As a result, medical, nutritional, psychological, educational, social, esthetic, and speech difficulties can originate from preventable oral disease and injury. The adverse consequences of dental caries and other oral diseases include pain, infection, tooth loss, and occasionally death. Studies have demonstrated that oral diseases can place individuals at risk for low-birth weight infants, failure to thrive, and pneumonia. Studies have also established a correlation between periodontal disease and diabetes, with growing evidence that there may be a link between periodontal disease and cardiovascular disease. Adverse oral health conditions affect nearly all aspects of daily living, such as quality of life, economic productivity, and school performance, including attendance and readiness to learn. Future contributions to society and the workplace are affected by poor self-esteem, physical well-being, and quality of life generated by oral health

problems.

COMPONENT 1 - ORAL DISEASE AND INJURY PREVENTION

Prevention and Control of Dental Caries - Early Childhood Caries

Head Start, WIC, Judy Centers: Early Childhood Caries (ECC) is a devastating disease affecting toddlers and young children. Fortunately, ECC is preventable through early intervention and health education. According to local surveys, the prevalence of ECC is high among certain disadvantaged populations enrolled in Head Start and the Women, Infants, and Children (WIC) program in Maryland. Judy Centers in Maryland care for children of similar age and income and children who likely are at high risk for dental caries. New evidence shows that it is imperative to reach these populations early (e.g. upon first tooth eruption but no later than 12 months of age) in order to prevent ECC. One promising practice employed in other regions of the country is to train non-dental practitioners, such as pediatricians, nurses, and administrators of childcare programs that serve these target populations, like WIC and Head Start. The goal is to identify early manifestations of oral disease and provide case management and referrals to these children, so they can receive assistance through the State Medicaid Program.

School Children and Special Populations: Access to oral health care is a critical problem for underserved and minority populations in Maryland. *The 2015 – 2016 Survey of Oral Health Status of Maryland School Children*, conducted by the University of Maryland, School of Dentistry, found that 13.6% of children in kindergarten and third grade have untreated tooth decay. Various special populations in Maryland, such as older adults, identify dental problems as their highest self-reported health concern and have high dental caries needs. Unfortunately, these populations also often experience significant difficulty accessing oral health care services, which compounds the disease burden. Strategies to specifically target these special populations have proven successful in aiding these individuals to reduce their risk of oral disease.

Prevention Regimens: Most oral diseases can be prevented by proper and timely use of a variety of preventive regimens. Dental caries, in particular, can be prevented through timely exposure to fluoride, including fluoride varnish, tooth brushing with fluoride toothpaste, and community water fluoridation. According to data from the Maryland Department of the Environment, more than 93% of Maryland residents on public water supplies receive the benefit of fluoridated water. Testing of private water wells in the state, prior to prescribing fluoride supplements is another important means of ensuring individuals receive the optimal benefits of fluoride. Clinical oral health programs for children and adults can administer these evidence-based preventive regimens, as age appropriate and indicated. In addition, fluoride varnish and tooth brushing with fluoridated toothpaste are both age-appropriate services that can be provided at schools and other community-based venues, (e.g. Head Start, Judy Centers, WIC), are proven to be effective and efficient means of providing oral health services. Injury

prevention is another key aspect of maintaining good oral health status. Injuries to the head, face and mouth are common among infants and children. Infants and toddlers often fall when crawling or walking and bump into furniture when running; similarly, adolescents will often experience oral-facial injuries in the daily course of playing, especially at playgrounds. Knowing how to prevent such injuries or to manage resulting dental emergencies is key to reducing unnecessary morbidity. Older children participating in organized school or recreational sports can be exposed to oral-facial trauma and injury if not appropriately protected by mouth protection, including mouth guards or face shields. Finally, two-thirds of all injuries as a result of child abuse occur in the oral-facial region. Prevention programs, such as dental awareness programs targeting abuse and neglect, educate and assist the dental provider in recognizing, understanding, and managing suspected child abuse or neglect cases.

Oral and Pharyngeal Cancer

As a result of previous statewide primary and secondary prevention efforts, the oral cancer mortality rate in Maryland has improved, and Maryland now ranks 26th in the United States. However, oral cancer mortality remains high for African-American males. Oral and pharyngeal cancer can largely be avoided through primary prevention activities that target the modification of individual risk behaviors, such as the use of alcohol, tobacco products (including spit tobacco), diet and certain sexual practices leading to Human Papillomavirus (HPV) infection. New cohorts of oral cancer cases include individuals with no known risk behaviors who instead may have been exposed to HPV. Efforts encourage early detection and diagnosis for all adults through timely and adequate oral and pharyngeal cancer examinations, even those not traditionally known to be at high risk for oral cancer. The oral and pharyngeal cancer mortality rate can also be reduced through secondary prevention efforts encompassing health promotion activities and policies that target both health care professionals and the public. The U.S. Preventive Services Task Force (USPSTF) recommends that dentists provide oral-pharyngeal screenings during routine dental and medical visits, and that adults at increased risk who are unlikely to have routine dental or medical care receive screenings in public health settings.

COMPONENT 2 – SCHOOL DENTAL SEALANT

Prevention and Control of Dental Caries - Dental Sealants

School Children's Survey: The 2015 – 2016 Survey of Oral Health Status of Maryland School Children, conducted by the University of Maryland, School of Dentistry, found that 13.6% of children in kindergarten and third grade had untreated tooth decay. Approximately 41.4% of school children in 3rd Grade had at least one tooth with a dental sealant. Further analysis of these data indicates that access to oral health care remains a critical problem for underserved populations in Maryland. A considerable disparity in untreated tooth decay rates and dental sealant usage continues to exist for certain regions. The Eastern Shore had a lower prevalence of dental sealants at 27.8% than any other region in Maryland, falling short of the Healthy

People 2020 objective of 28.1%.

School-based & School-linked Dental Sealant Programs: Dental sealants are generally applied in a dental clinic setting, but -- because of the relatively low proportion of high-risk children receiving dental sealants -- alternative public health strategies have been enlisted, including the provision of dental sealants through school-based, school-linked or mobile approaches.

School-based programs are conducted within education settings, with teams of dental providers (dentists, dental hygienists and dental assistants) utilizing fixed or portable dental equipment. School-based dental sealant delivery programs serve children unlikely to receive them otherwise, and these programs are especially important for reaching children from low-income families who are less likely to receive private dental care. Programs generally target schools by using the percentage of children eligible for federal free or reduced-cost lunch programs and/or those identified as Title I schools. Tooth decay may result in pain and other problems that affect learning in school-age children. Findings from scientific studies clearly show that school dental sealant programs are effective at halting tooth decay. In 2010, the Association of State and Territorial Dental Directors (ASTDD) issued a strong Policy Statement endorsing school dental sealant programs and recommending expansion as part of a comprehensive community strategy to serve the greatest number of children and adolescents at highest risk for dental disease. The Community Preventive Services Task Force also recommends school-based sealant delivery programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children -- evidence that showed these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).

School-linked programs are connected with schools in some manner but deliver the sealants at a site other than the school (i.e., a clinic or private dental office). School-linked programs may present information, distribute consent forms, and conduct dental screening at schools. Maryland school-linked dental sealant programs must be able to track and effectively link school program to eventual sealant placement off-site.

Mobile programs refer to mobile self-contained motorized vans or non-motorized mobile trailers that can be placed in close proximity of a school. Portable dental programs refer to services provided using portable dental equipment that can be transported into a school. There also are “hybrid” programs that combine elements from both systems.

III. GOAL AND APPROACH

Local health departments are required to lead the coordination, development, implementation, and evaluation of a set of targeted oral health interventions – the overall goal of which is to improve the oral health of adults and children in their jurisdiction, including underserved and at-risk populations. MDH’s Office of Oral Health expects local health departments to implement these packages of services through input from the local public health community, citizen groups, academia, and private sector entities.

The purpose of this grant program is to help local health departments build and sustain capacity to provide oral disease prevention services, treatment services, and oral health education to communities and populations with an established need. The goal of local health department projects is to reduce oral disease and improve oral health for underserved children and adults through efficient and effective interventions. Local health departments are to identify evidence-based strategies that are appropriate for the targeted demographics, with the ultimate goal of decreasing the burden of oral disease in their respective jurisdictions.

The project will be evaluated for efficiency and effectiveness in meeting its intended goals and objectives. Objectives for this project include:

1. Reduce the proportion of children and adolescents with dental caries experience in their primary or permanent teeth;
2. Reduce the proportion of children and adolescents with untreated dental decay;
3. Reduce the proportion of adults with untreated dental decay;
4. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year;
5. Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year;
6. Increase the proportion of children and adolescents who have received dental sealants on their molar teeth;
7. Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year; and
8. Increase the proportion of adults who receive preventive interventions in dental offices.

Applicants are expected to select the objectives most closely aligned to their proposed set of interventions, and with those objectives, applicants are expected to set measurable and reasonably ambitious targets.

IV. USE AND PURPOSE OF GRANT FUNDS

Projects should address oral health areas where there is statewide or local documented evidence of need. In addition, grantees should be mindful of the Healthy People 2020 objectives when designing projects. *The Healthy People 2020: Objectives for Improving Health* addresses 17 Oral Health objectives and many related sub-objectives. It can be accessed

through this link:

<https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>

COMPONENT 1 - ORAL DISEASE AND INJURY PREVENTION

Grant funds should be used to cover the direct costs of the implementation and evaluation of a set of oral health interventions, including personnel costs in the following priority areas:

- Children's Clinical Dental Services Program (direct oral health care for children), including salary and operational support
- Adult Clinical Dental Services Program (direct oral health care for adults)
- Off-site component (e.g. School-Based/Linked program, Head Start, Judy Center, WIC, etc.)
 - Examinations/Screenings
 - Fluoride Varnish
 - Fluoride Rinse
 - Toothbrush Prophylaxis
- Case Management
- Oral Cancer Prevention - primary or secondary prevention (screenings, healthcare provider education, public education, referrals)
- Water Fluoridation- Well Testing & Equipment
- Oral Health Education Component (**Required**)
 - Classroom education
 - Community education
 - Children's Dental Health Month activities
 - Oral Cancer Awareness Month

COMPONENT 2 - DENTAL SEALANTS

Grant funds should be used to cover the direct costs of the implementation and evaluation of an oral health intervention. This includes personnel costs only for the provision and application of dental sealants.

NOTE: Oral Health Education/Literacy

In order to reduce "repeat treatment offenders," it is critical that appropriate and evidence-based education accompany any oral disease and injury prevention initiative to prevent the disease from reoccurring. As such, MDH's Office of Oral Health expects that an oral health literacy intervention pertinent to the service being delivered will accompany any oral health category covered under this grant (Adult Clinical Dental Services Program, Oral Cancer Prevention, Children's Clinical Dental Services Program, Off-site Component, or Other County Identified Need). To assist, MDH's Office of Oral Health provides free educational materials for use as needed; available through this link:

<http://phpa.health.maryland.gov/oralhealth/Pages/materials.aspx>

NOTE: Dental Caries Examinations/Screenings in Off-Site Programs:

If a project includes dental caries screenings and/or examinations as part of its planned

activities in an off-site program for children, considerations must be made for appropriate case management or care coordination within the appropriate dental clinical care service for any child found to be at high risk for dental decay.

NOTE: Oral Cancer Screenings/Examinations:

If a project includes oral cancer screenings and/or examinations as part of its planned activities, there must be assurance that there will be appropriate care coordination for any suspicious lesion found during the screening/examination, including a documented system of follow-up and case management in place when referring a patient for a surgical biopsy and/or linkage to treatment. MDH recommends that at least one screening occur in April during Oral Cancer Awareness Month. (Educational materials will be provided by the MDH's Office of Oral Health). In the case of communicating results from a biopsy, appropriate follow-up and care coordination with the patient must take place regarding future actions. MDH's Cigarette Restitution Fund has developed cancer consent, screening, and results forms – all of which are available from the Office of Oral Health upon request.

NOTE: Dental Sealants and /Screenings in Off-Site Programs:

The dental sealant project must appropriately include, in addition to the dental sealant application, an initial risk assessment through examination or screening of the schoolchildren. As such, there must be assurance that there will be appropriate case management or care coordination into the appropriate dental clinical care service for any child found to be at high risk for dental decay. Grantees will be required to submit periodic progress reports and expenditure reports, as well as deliverables produced under the grant. To facilitate project monitoring, MDH requires clearly defined data elements from all grantees on a routine basis, so project accomplishments can be monitored, compared, and compiled.

V. ELIGIBILITY and AVAILABILITY OF FUNDS

Eligible applicants are local health departments located in all twenty-four jurisdictions in Maryland. Local health departments may enter into contracts with private and other public sector entities, including consortia agreements, as necessary to meet the requirements of the program and achieve desired results. MDH's Office of Oral Health anticipates having available resources to fund these grants for one full year with awards beginning on July 1, 2018. Grant funds will be awarded on a *competitive* basis and are dependent upon available funding; they may be awarded at levels less than requested.

VI. ROLES

MDH's Office of Oral Health will provide programmatic support and fiscal oversight of the grants, as well as technical assistance in the implementation of these projects. Award recipients may use grant funds to pay salaries of health care practitioner(s), dental community outreach worker(s), community health nurse(s), health educator (s), and/or other appropriate

professional or support staff for the project. Grant funds can also be used to purchase equipment (with the exception of computer and audio/video equipment). If award recipients choose to use funds towards equipment, they must provide a justification and connection to a planned oral health intervention related to this grant.

The local coordinator(s) are expected to:

1. Develop, plan, and implement the proposed project, based on targeted needs;
2. Identify data sources and collect (when feasible) local oral health status data;
3. Be a designated contact for technical information;
4. Complete Maryland Dental Sealant Training Programs online (Component 2 only);
5. Submit quarterly activity and expenditure reports, using forms provided by the Office of Oral Health, via e-mail to mdh.ugaoralhealth@maryland.gov. All quarterly reports should cover the reporting periods listed below. See attached sample of the quarterly activity reporting format; and

Quarter	Reporting Period	Due Date
First	July 1 – September 30	October 15
Second	October 1 – December 31	January 15
Third	January 1 – March 31	April 15
Fourth	April 1 – June 30	July 15

6. Submit quarterly success stories, which highlight program achievements. The Office of Oral Health will provide the necessary guidance and templates.

Additionally, project teams are required to attend meetings, participate in site visits, and give reports on progress and accomplishments throughout the grant period. As a condition of receiving funds, grantees must agree to participate in an evaluation of the grants program and provide the Office of Oral Health with any data collection. The Office of Oral Health is required to collect demographic data regarding race/ethnicity, and all award recipients are required to report this information. Funds awarded in Fiscal Year 2019 may be used for data collection support, i.e. either software or personnel.

The local health departments are expected to:

1. Provide overall interest, involvement, and support for oral disease prevention and/or treatment, oral health access, outreach and/or case management; and
2. Provide administrative support in the form of a desk, telephone, office supplies, a computer and postage for correspondence.

MDH's Office of Oral Health is able to provide technical assistance in the following areas:

1. Education
2. Funding
3. Work plan/Program development, including
 - a. Intervention information

- b. Program materials (e.g. reporting forms)
 - c. Evaluation
 - d. Data Analysis
- 4. Access and referrals to local, state and national consultants as necessary
- 5. Performance monitoring, which includes detailed review of electronically submitted reports and expenditures
- 6. Resource Materials (e.g. Maryland School-based Dental Sealant Training Programs, Mighty Tooth Website, Mighty Tooth Brochures, Informed Consent/Medical History Template)
- 7. Access and referrals to local, state and national consultants as necessary
- 8. Monitoring progress of the objectives of the project, which will include detailed review of electronically submitted reports and expenditures

NOTE: As part of the grant application review process, the Office of Oral Health may ask an applicant organization to provide additional information or revise its application as a condition of approving the award. Grants will be reviewed and awarded by the Office of Oral Health.

VII. SCOPE OF WORK - REQUIREMENTS

The awards will be made contingent upon availability of funds, and applications should contain the following information:

- A detailed description of the proposed package of interventions and strategies/approaches for implementation
Note: If applicants propose partnerships, then these should be described in this section
- Identification of an appropriate target population based on this program description (e.g. Component 2 should target Title I schools and/or those with 50% of students enrolled in the Free and Reduced Meal Program);
- Evaluation plan to monitor effectiveness of interventions, which includes objectives along with proposed targets for each;
Note: While applicants are required to select all the relevant objectives from the list on page 5, they are also welcome to propose additional custom objectives
- A budget with an accompanying narrative that details intended use of funds, which is adequately justified and reasonable (See Attachment A); and
- A description of additional sources of funding beyond the project period (See Attachment B).

MDH's Office of Oral Health will conduct periodic site visits to evaluate the progress towards achieving goals and objectives.

VIII. SELECTION FACTORS

Each applicant/proposal will be reviewed and scored based on the following factors:

Selection Factor	Scoring Percentage
An appropriate set of evidence-based interventions based on identified need that targets a clear and appropriate population	40%
A robust evaluation plan with an ambitious set of targets (and/or milestones) to measure progress towards each objective	30%
Demonstration of an effective use of resources within the proposed budget and budget narrative	20%
Organizational capacity to successfully implement proposed activities, including past performance measures from previous grant cycles	10%

IX. APPLICATION SUBMISSION AND DEADLINE

Applicants must complete the attached application and budget forms provided with this announcement. Do not recreate the application forms. The application form is also available electronically via this link: <http://phpa.health.maryland.gov/oralhealth>

NOTE: All applications must be submitted electronically via e-mail attachment to mdh.ugaoralhealth@maryland.gov no later than **May 1, 2018** in order to be considered for funding.

NOTE: In your e-mail's subject line, please reference "your county name and FY 2019 Oral Health Application." Applications received after May 1, 2018 will not be reviewed by the Office of Oral Health, and applicants will have to re-apply the following fiscal year. Applications will not be accepted in hard copy format. MDH's Office of Oral Health anticipates sending award letters by June 27, 2018. (Once you receive your award letter notifying you that your application has been approved, you must submit the official budget using the MDH 4542 budget package to mdh.ugaoralhealth@maryland.gov.)

X. ADDITIONAL INFORMATION AND TECHNICAL ASSISTANCE

Additional information and technical assistance may be obtained from Ms. Susannah Beckerman at MDH's Office of Oral Health. She can be reached by phone at (410) 767-3084, or e-mail at susannah.beckerman@maryland.gov.

XI. NON-DISCRIMINATION CLAUSE FOR EMPLOYMENT IN CONTRACTS

By state law, every contract that you develop and monitor needs to include a nondiscrimination clause for employment. The MDH State Office of the Attorney General mandates that every contract include the following clause: "The Contractor agrees: (a) not to discriminate in any manner against an employee or applicant for employment because of race, color, religion, creed, age, sex, marital status, national origin, ancestry or disability of a qualified individual

with a disability; (b) to include a provision similar to that contained in subsection (a), above, in any subcontract except a subcontract for standard commercial supplies or raw materials; and (c) to post and to cause subcontractors to post in conspicuous places available to employees and applicants for employment, notices setting forth the substance of this clause.”

XII. OWNERSHIP AND RIGHTS IN DATA

Work produced as a result of this solicitation is and shall remain the sole property of MDH (referred to below as the “Department”):

1. The Department may duplicate, use and disclose in any manner and for any purpose whatsoever, and have others do so, all data delivered under the contract resulting from this solicitation, except where such use may contravene Federal or State guidelines or regulations. The Contractor hereby grants to the Department a royalty free, nonexclusive, and irrevocable license to publish, translate, reproduce, deliver, perform, dispose of, and to authorize others to do so, all data now or hereafter covered by copyright; provided that, with respect to data originated in the performance of this contract, such license shall be only to the extent that the Vendor has the right to grant such license without becoming liable to pay compensation to others because of such a grant.

The Contractor shall exert all reasonable effort to advise the Department, at time of delivery of data furnished under this agreement, of all invasions of the right to privacy contained therein and of all portions of such data copied from work not composed or produced in the performance of this agreement and not licensed under this clause. The Contractor shall report to the Department, promptly and in written detail, each notice or claim of copyright infringement received by the Contractor with respect to all data delivered under this agreement.

2. The Contractor agrees that at all times during the term of this contract and thereafter, the works created and services performed shall be “works made for hire” as that term is interpreted under U.S. copyright law. To the extent that any products created under this contract are not works for hire for the Department, the Contractor hereby relinquishes, transfers, and assigns to the Department all of its rights, title and interest (including all intellectual property rights) to all such products created under this contract, and will cooperate reasonably with the Department in effectuating and registering any necessary assignments.

The Department shall have the right to use such works for hire without restriction and without compensation to the Contractor other than that specifically provided by the contract. The Contractor shall not affix any restrictive markings to such works and if such markings are affixed, the Department shall have the right at any time to modify,

remove, obliterate, or ignore such markings.